



Homeschool Drop-in Gym Time

This drop-in, unsupervised program is open to homeschool groups of all ages; under 18 must be accompanied by an adult. Limited equipment provided.



October 2, 2017 to June 20, 2018

County facilities are closed 11/10, 11/23, 11/24, 12/25,
1/1, 1/15, 2/19, 5/28

\$10.00 per child per location

Edgewood Recreation Center

1980 Brookside Drive, Edgewood, MD 21040 ♦ 410-612-1606

Monday & Thursday, 1:00 - 3:00 p.m.

Churchville Rec. Center - Level Building

3023 Level Rd., Churchville, MD 21028 ♦ 410-638-4345

Monday & Wednesday, 10:30 a.m. - 1:30 p.m.

Registration is ongoing until full

BARRY GLASSMAN, HARFORD COUNTY EXECUTIVE

KATHY BURLEY, DIRECTOR OF PARKS & RECREATION

Questions?

Please contact individual sites for more information

HOMESCHOOL DROP-IN GYM TIME REGISTRATION FORM

Select Location(s) for Participation: ☐ Churchville ☐ Edgewood

Participant's Name _____ Age _____ Fee Enclosed \$ _____

Address _____

City _____ State _____ Zip Code _____

Phone: H _____ C _____ E-Mail _____

Emergency Contact Name _____ Phone _____

Medical issues we should be aware of _____

Add me to your e-mail list for new programs: ☐ Yes ☐ No

I give my permission for photos to be taken of me / my child for publicity purposes: ☐ Yes ☐ No

If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered.

RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me/my child while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian/Participant Signature: _____ Date: _____

**NO REFUNDS UNLESS PROGRAM IS CANCELED - PLEASE MAKE CHECKS PAYABLE TO HARFORD COUNTY, MD
AND RETURN WITH REGISTRATION FORM TO 702 N TOLLGATE ROAD, BEL AIR, MD 21014**